

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Prescription for America's Future</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00560532         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on</span>			
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 06 / 24 / 2014</div> </div>	

Full Name of Payee <b>Power Marketing &amp; Printing</b>			Date of Public Distribution/Dissemination		
Mailing Address 1080 Nine North Dr. Suite D			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 06 / 23 / 2014</div> </div>		
City State Zip Code Alpharetta GA 30004			Amount		
Purpose of Expenditure Advocacy Mailing			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1502.19</div>		
Category/Type 004			Transaction ID : SE.4129		
Name of Federal Candidate EARL LEROY CARTER			Date of Disbursement or Obligation		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 06 / 23 / 2014</div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1502.19</div>		
Office Sought: <input checked="" type="checkbox"/> House District: 01			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> President <input type="checkbox"/> Senate State: GA			2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		

Full Name of Payee <b>Power Marketing &amp; Printing</b>			Date of Public Distribution/Dissemination		
Mailing Address 1080 Nine North Dr. Suite D			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 07 / 01 / 2014</div> </div>		
City State Zip Code Alpharetta GA 30004			Amount		
Purpose of Expenditure Advocacy Mailing			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1433.63</div>		
Category/Type 004			Transaction ID : SE.4130		
Name of Federal Candidate EARL LEROY CARTER			Date of Disbursement or Obligation		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 06 / 23 / 2014</div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2935.82</div>		
Office Sought: <input checked="" type="checkbox"/> House District: 01			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> President <input type="checkbox"/> Senate State: GA			2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2935.82</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael G. Adams

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 01 / 2014

Signature

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Prescription for America's Future</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00560532	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 06 / 24 / 2014	

Full Name of Payee <b>Lee Smitherman</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2014	
Mailing Address 5466 Vinings Lake Way, SW		Amount 78.75	
City Mableton	State GA	Zip Code 30126	Transaction ID : SE.4131
Purpose of Expenditure Printing Production	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 24 / 2014	
Name of Federal Candidate EARL LEROY CARTER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	
		12667.57	

Full Name of Payee <b>Lee Smitherman</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2014	
Mailing Address 5466 Vinings Lake Way, SW		Amount 78.75	
City Mableton	State GA	Zip Code 30126	Transaction ID : SE.4132
Purpose of Expenditure Printing Production	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 24 / 2014	
Name of Federal Candidate EARL LEROY CARTER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	
		12746.32	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	157.50
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Michael G. Adams

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Date

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07 / 01 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 06 / 24 / 2014	

Full Name of Payee <b>Vista Outdoor Advertising</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 117 Osborne Street		Amount 9653.00	
City Saint Mary's	State GA	Zip Code 31558	Transaction ID : SE.4133
Purpose of Expenditure In-kind - Billboard Space	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 23 / 2014	
Name of Federal Candidate EARL LEROY CARTER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 12588.82		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9653.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	12746.32

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Michael G. Adams

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Date

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07 / 01 / 2014

Signature